Chapter 6

OBSTETRIC HEMORRHAGE; HOW WE CAN MEASURE QUANTITATIVE BLOOD LOSS?

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1-INTRODUCTION

Postpartum hemorrhage (PPH) is an obstetric emergency, the most important cause of maternal morbidity and mortality, and complicates between 0.4% and 33% of pregnant women in different populations (1). It is very important to recognize PPH in early period because most of the maternal deaths due to obstetric bleeding are due to preventable causes (2, 3). Studies evaluating the factors associated with the definition and treatment of PPH emphasize the importance of quantitative blood loss estimation during delivery and immediately after delivery (3, 4). The criteria for the diagnosis of PPH vary. WHO defined postpartum blood loss as more than 500 ml within 24 hours after delivery and heavy PPH as more than 1000 ml during the same time (5). ACOG, on the other hand, defined presence of hypovolemia as signs and symptoms and cumulative blood loss of more than 1000 ml within the first 24 hours, regardless of the type of delivery (6). RCOG classified 500-1000 cc as minor and 1000 ml over major PPH and subdivided between 1001-2000 mL into medium and> 2000 mL blood loss severely (7).

2-RISK FACTORS AND SPECIFIC ETIOLOGIES

Many predictable obstetric factors are associated with PPH, and multiple pregnancy, polyhydramniosis, chorioamnionitis, rest placenta, prolongation of the second stage of birth, presence of placental invasion anomalies, abruptio placenta, vaginal laceration, operative vaginal delivery, LGA, hypertensive diseases of pregnancy (preeclampsia, eclampsia, HELLP) are the most important risk factors (8, 9).

Hemostasis begins after the removal of the placenta. Local hemorrhage (tissue factor, type-1 PAI) and systemic (platelets, coagulation factors) factors that provide coagulation while mechanical hemostasis form the first leg with the contraction

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pads moistened with normal saline contain minimum fluid. When they are saturated with blood, weigh them like a dry pad (24).

There are not enough studies on the time frame required to end the postpartum blood loss assessment. In the presence of active bleeding or in the presence of more than 1000 mL of bleeding, it is recommended to continue evaluation as long as the patient is unstable (6).

CONCLUSION

Bleeding is an important factor that causes maternal morbidity and mortality. Given that about 40% of PPH occurs in women at low risk, every woman who gives birth is at risk of obstetric bleeding (13). Quantitative blood loss is an important approach to preventing excessive blood loss and early diagnosis

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